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Bib Data Sheet

CONFIRMATION NO. 4386

<b>SERIAL NUMBER</b> 10/807,800	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 09741.0005-00000
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/762,796 01/22/2004 which is a CIP of 10/222,013 08/15/2002  
 and claims benefit of 60/509,156 10/07/2003  
 and claims benefit of 60/510,669 10/10/2003  
 and claims benefit of 60/510,342 10/10/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 08/10/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature <i>Eric S. Olson</i> Initials <i>ESO</i>				

**ADDRESS**

22852

**TITLE**

Nitric oxide donating derivatives for the treatment of cardiovascular disorders

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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